

Our Voice in Health and Social Care: The experiences of British Sign Language Users living in Lancashire



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Abbreviations

BSL	British Sign Language
AIS	Accessible Information Standard
LCC	Lancashire County Council
VRS	Video Relay System
Haptic Feedback	Technology which transmits tactile sensations such as vibrations.

Executive Summary

Healthwatch Lancashire ran an engagement project to explore the experiences of the Deaf community who use British Sign Language (BSL) when accessing health and social care services. Feedback was gathered from 149 people through focus groups, case studies and an online survey. A mystery shopping activity was also conducted. This report details our findings.

Two main themes were identified through engaging with individuals and carers:

- Barriers when trying to book a medical appointment due to the requirement to book an appointment by phone and only telephone appointments being available.
- Barriers during a medical appointment due to a lack of interpreters or unreliable video interpretation, resulting in distressing appointment experiences.

These barriers resulted in delayed appointments (leading to delayed treatment), a lack of privacy due to family and friends having to interpret for them, being treated inappropriately such as professionals shouting at individuals, and people not understanding diagnoses or results due to professionals writing information down which isn't accessible for the individual.

Feedback received from professionals who work within health and social care (or other related industries such as third sector) revealed that over half of professionals had received Deaf awareness training and the majority of respondents felt confident in supporting Deaf individuals who use BSL. The importance of an interpreter being available either in person or online was raised by respondents. Professionals suggested making written materials more accessible as well as a need for more funding to support the Deaf community's access.

Our mystery shopping activity revealed that there is a disparity in support provided between and within services, including whether services provide BSL interpreters or whether individuals must arrange their own.

Feedback collected from individuals, carers and professionals and intelligence received through the mystery shopping activity, highlighted that some NHS services are not fulfilling their legal requirements, under the Equality Act 2010, including providing an interpreter at appointments for people who are Deaf.

These findings have helped to formulate recommendations for the attention of Lancashire and South Cumbria Integrated Care Board (ICB) and Lancashire County Council (LCC) to help improve the accessibility and experience of health and social care services for the Deaf community.

Introduction

About Healthwatch Lancashire

Healthwatch was established in April 2013 as part of the implementation of the Health and Social Care Act 2012. Healthwatch uses people's feedback to better understand the challenges facing the NHS and other care providers and we make sure people's experiences improve health and care for everyone – locally and nationally. We also provide information and advice to support people to make decisions and access support they need.

Introduction

Healthwatch Lancashire established the project 'Our Voice in Health and Social Care' British Sign Language (BSL) users, in response to receiving feedback from the Deaf community about the barriers they face when accessing health and social care. Feedback included:

- Not being provided with an interpreter for a GP or hospital appointment
- Difficulties for people who are Deaf to communicate and interact with services, especially when making an appointment
- A lack of promotion of services that the Deaf community can access
- Patient records not being updated to explain that the patient is Deaf and would therefore require reasonable adjustments to be made to support access and understanding

The aim of the project was to gather rich feedback from individuals who are Deaf, carers and/or family members and professionals to learn about these barriers and formulate key recommendations to present to NHS and social care leaders to help improve access to health and social care services for the Deaf community.

Please note: in this report, when referring to people who are Deaf, we are discussing people who use BSL as their first language and are part of the Deaf community and culture.

Background

The NHS and social care providers have a legal responsibility to ensure that the services they provide are equally accessible to all sections of the community. In line with the NHS constitution 2009, "NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers."

The Equality Act 2010 places a legal duty on all health and social care providers to provide "reasonable adjustments" for people who are Deaf. The Public Sector

Equality Duty¹ (Section 149 of the Equality Act 2010) is a legal requirement for public authorities and organisations carrying out public functions to ensure that they “alleviate disadvantage experienced by people with a protected characteristic, or to meet their particular needs by making reasonable adjustments”.

In addition, according to Section 250 of the Health and Social Care Act 2012, all services that provide NHS and social care must follow the Accessible Information Standard 2016² (AIS). AIS sets out five principles that services must follow:

1. Ask people if they have any information or communication needs and find out how to meet their needs.
2. Record those needs clearly and in a set way.
3. Highlight or flag the persons’ file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. Share information about people’s information and communication needs with other providers of NHS and adult social care when they have consent or permission to do so.
5. Take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

Further, one of Lancashire and South Cumbria Integrated Care Board’s main functions is to address and reduce health inequalities for residents within Lancashire and South Cumbria.

Please note: Some quotes refer to the organisation ‘CoSign’ who provide a BSL interpreting service. At the time of this report, CoSign was the commissioned service to provide BSL interpreting services across NHS services in Lancashire and South Cumbria.

¹ <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf>

² <https://www.england.nhs.uk/wp-content/uploads/2017/08/accessible-info-specification-v1-1.pdf>

Methodology

A steering group was formed in the early planning stages of the project to ensure the project was co-produced with the Deaf community and stakeholders who could enact change. The steering group met three times to monitor project progress and included stakeholders from N-compass, Lancashire and South Cumbria ICB, Lancashire County Council and a member of the Deaf community.

Engagement ran from 6th November 2023 to 1st February 2024. Qualitative and quantitative data was captured through focus groups, case studies, online surveys and mystery shopping.

Feedback was collected from 150 people in which the breakdown can be seen in the below graph. In addition, 39 health and social care services were contacted in a mystery shopping activity.



The majority of individuals were engaged with through focus groups, with BSL interpreters in attendance. The following focus groups were attended:

Focus group	Date attended	Respondents engaged with
Lancaster Deaf Club	7 th November 2023	35
St Gerard's Deaf Club Preston	24 th November 2023	40
Lancashire BSL User Forum	29 th November 2023	12
Burnley BSL coffee morning	13 th January 2024	22
Come Together BSL group Blackburn	1 st February 2024	16

Focus groups

The use of focus groups allowed us to partake in rich discussion; with members of the Deaf community, from a range of different community backgrounds, sharing through interpreters their experiences of accessing health care services and what they would like to see change to help improve their experiences. Fifteen members of the focus groups shared their experiences in more detail through a case study.



Case studies

Case studies were collected and to protect confidentiality and anonymity, all names have been changed and identifiable information has been removed.

Online survey

As well as engaging with carers and relatives during focus groups, we also advertised an online survey on our website, social media channels and e-newsletter.

An online survey for health and social care professionals was also produced to collect their views on the accessibility of the organisation they work for and what they think could be improved. This survey was advertised through the same online methods as the carers/relatives' survey. Twenty-two professionals completed the survey.

Mystery shopping

A mystery shopping activity was also performed across a range of health and social care services. This activity involved our staff and volunteers contacting health and social care services from the perspective of an individual helping to register their Deaf relative with the service. The aim of this activity was to explore what measures services had in place to support a person who was Deaf.

Our team members asked staff whether they offered hearing loops for people using hearing aids, video relay systems (VRS), accessible paperwork, in-house interpreters, interpreters booked by the service or if interpreters had to be booked by the patient. Thirty-nine services were mystery shopped including care homes, GP surgeries, opticians, dentists, hospitals and day services.

In addition to mystery shopping, a letter was sent to eleven health services including Primary Care Networks, hospital patient experience teams and dentists. This letter asked providers what measures they had in place to ensure that people who are Deaf and use BSL can use their service. Unfortunately, none of the providers provided a response and this is being followed up in our recommendations.



Findings

Responses gathered during the focus groups have been analysed and revealed two main themes:

1. Barriers when trying to book a medical appointment
2. Barriers during medical appointments.

Individuals and carers were asked about their experiences of accessing social care services, but no experiences were shared.

"My daughter's mental health has been impacted as we have had to use her as an interpreter. It has damaged her wellbeing." – BSL user

Booking a medical appointment

Nineteen individuals shared their experiences of struggling to get a medical appointment, with most issues regarding GP services.

It was shared by eight people that they had experienced a delay in getting an appointment and therefore treatment needed, as the service could not provide an interpreter. In line with the Equality Act 2010 (including the Public Sector Equality Duty), NHS services have a legal requirement to provide an accessible service to people who are Deaf. Therefore, it is the responsibility of the healthcare provider to arrange an interpreter for a patient.

"A hearing person can ring at 8am and get an appointment that day. How do Deaf people do that? We don't have that option...by the time we have emailed there are no appointments available" – BSL user

One barrier experienced when trying to book an appointment was services relying on patients ringing them to make an appointment. This was shared by six respondents who said that they received written communication, either text message or email, from the service which stated, 'do not reply to this message' and respondents were instructed to call the service. Respondents shared their frustrations with this as they were unable to call the service without an interpreter.

"I got an email from my GP saying don't reply to this email, but I can't ring as I am Deaf. I had to go to the GP and explain and they hadn't even thought about it. How do they expect me to get through if I can't talk on the phone?"



Three people shared that their GP service only offer telephone appointments which is not appropriate for them.

"I had a cough for three months and I emailed my GP and they told me I would have to wait two hours for a phone call. I told them I was Deaf and wouldn't be able to have a telephone appointment. I asked if we could do a BSL video and they said

this wasn't available. They said the only option was a phone call and they said if I need an interpreter, I would have to find one myself."

There were also discrepancies between whether a service offers an interpreter or whether the patient must book one themselves as well as pay for the service in some instances.

"The GP needs a plan B, they need to use technology as well as in person translation. My surgery books an interpreter but that could be in two weeks' time, there is no on-the-day interpreter".

"I asked for an interpreter three times and there was no interpreter provided. I don't go to the GP now".

During the medical appointment

Forty-nine people shared negative experiences during a medical appointment. 53% of these related to a hospital experience, 12% about the GP service, 12% about opticians, 4% about dentistry and 18% did not state which service their negative experience referred to.

Thirty-nine people explained that they had a negative experience due to not being provided an interpreter, despite it being a legal requirement for services to provide an interpreter for people who are Deaf.

Of these, six people shared the distressing experience of having to use family members or friends to interpret for them which limited their privacy and impacted on their dignity.

A&E experience



I recently got blue lighted to A&E with a heart problem. The whole way there was silent, no one knew any sign language. I can lip read and the paramedic wouldn't take his mask off so I could lip read what he was saying. It was a scary time for me and I didn't not feel I was being supported.

I arrived at A&E and was told that there was no interpreter on shift and there should be one later. I faced-timed my husband as I was scared and no one would communicate with me. The doctor shouted down the phone at my husband "can you tell your wife something for me." This was highly inappropriate, my husband should not be translating for me when he was just as scared for me. He was stressed already with having the kids at home and me in hospital, but he was then translating for me.

There should have been 24/7 VRS available to me and there wasn't. I feel this could have been massively avoided, all staff were walking around with iPads and phones why can't there be an app on there to help translate for patients.



"I am partially sighted and Deaf so I struggled to see the person on the screen when using the remote service. My husband was ill at home, he is Deaf too and they were asking for my Next of Kin. They said they must have someone they can speak to on the phone, how can I do this? They had to contact my brother – I don't want him knowing my personal business".

"My husband was used as an interpreter, but this is not what I want. I should be able to get an interpreter".

Four people shared that their distressing experiences of using emergency care and not having access to an interpreter, which exacerbated an already stressful time.



"I went to A&E at 3am, I asked for an interpreter and they said outright that there was no interpreters and that it was too early in the morning. The doctor wrote information down but it was in complicated language which I could not understand. I can't read this language."

"I went to A&E with serious life-threatening signs and there was no interpreter available. They used the online video sign, but it kept glitching because of the Wi-Fi and this really isn't good enough. It was scary enough that we are in A&E anyway."

The need for a preferred interpreter



I am a dear friend of a Deaf lady, Ms Harrison, who I assist regularly. I have come to realise how important it is for a Deaf person to have a personal interpreter, for when they have to attend doctors and hospital appointments.

Ms Harrison is a prime example of how having a personal interpreter is very important. Not only does it build trust...it builds understanding of the needs of the Deaf person and realising whether that person have understood what you are trying to explain to them.

In Ms Harrison's case having a personal interpreter was and is vital.

A couple of years ago Ms Harrison had a medical issue, she attended the doctors and was told to return the next day, as they needed to book an interpreter. Ms Harrison attended and met the interpreter for the first time. The interpreter knew nothing about the history of Ms Harrison.

During the appointment, it was mentioned that Ms Harrison needed to attend A&E. If the interpreter had known Ms Harrison, she would have realised that she did not understand the importance of attending A&E immediately. Ms Harrison went home. A nod of the head does not mean that the person fully understands what was being said.

The result = Ms Harrison did not attend A&E and a couple of weeks later she returned to the doctors in extreme pain in her leg. She was admitted to hospital. Ms Harrison is now an amputee, due to her not having a personal interpreter that really understood her abilities. She was one a very active person and daily went out for walks, shopping and meeting friends.

Ms Harrison's abilities for understanding sign language is limited, it has to be broken down and simplified for her to fully understand. Only a personal interpreter can identify this need.



Four people shared their experiences of staying in hospital and not being provided an interpreter from the beginning, which meant they had to stay in hospital without fully understanding what was wrong with them or what was happening.

"My wife was in Royal Preston Hospital for six weeks, no interpreter was provided, the hospital staff tried to say that we didn't need one and that they could communicate with my wife. It was only in the last two weeks...that they finally decided that an interpreter was needed"

"I run a Deaf group... someone was in hospital for three months and only received an interpreter in the last week of their stay."

"I was in hospital for a week and they forgot to give me an interpreter. I was discharged without information on what had been wrong with me. They just referred me back to the GP".

"I was in hospital for three days with no interpreter. They need to improve accessibility, particularly in A&E. There was miscommunication so I was given wrong information."

During focus groups, there was also discussion surrounding people's experiences of attending a hospital appointment and having medical staff with only Level 1 BSL training (with qualified BSL interpreters being trained to Level 6) being used to interpret. Individuals at the focus group (and interpreters) shared their views on how this is not acceptable and Deaf people do not know whether to trust what staff are saying to them.

"Sometimes people have provided trainees as interpreters which is not appropriate. Agencies are employing trainees for hospital appointments and I feel that this is fraudulent. The Deaf community are not treated as equals"



Case study from a Level 6 qualified BSL interpreter



First of all I have been an interpreter for 30 years and it is the same thing over and over again. People that came before me are getting tired of the fight and after 30-40 years I wonder how can it still be going on the same issues.

If [there is] a person who speaks a foreign language, there are a lot of staff at the hospital already who will probably speak that language and they can speak it fluently so they will bring someone in. They will interpret just for small periods. I think what has happened is that staff now think “we have staff who are BSL Users we can just bring them in in the same way”. The difference is that someone whose first or second language is Urdu or Gujarati or Polish will be fluent in that language. But BSL users who are medical professionals are likely to be only Level 1 or Level 2 which is the equivalent of having a GCSE that they have done ten years ago.

Medical professionals with signing skills are fantastic, to be able to communicate directly is brilliant, but as soon as they begin to interpret there is a danger of a terrible experience for the Deaf person as they don't know that they can trust what is being said.

I have lived all over the UK and it is the same everywhere. Deaf people will tell you the same thing wherever you go. The coordinating of interpreting services is terrible. I know Deaf people who have had operations without an interpreter when I have been free to assist and not been asked. The coordination of interpreting services is just diabolical even once you get there it is always problem after problem.



Four people expressed the need for health services including GPs and hospitals, to change how people are called to their appointments. Respondents shared their experiences of not hearing when staff call their names to their appointment which sometimes means they miss their appointment. Respondents suggested having a tv displaying the patient's name and appointment room. However, this method is still limited as it relies on Deaf people constantly watching this screen. A flashing or vibrating pager was suggested, so Deaf people know when they are being called for their appointment.

“At GP surgeries, what do you do if the screen is not working? Even if it is [working] you must concentrate on this all the time. If you look away, you may miss seeing your name. A flashing pager would be good when it is your turn.”

“I went to Royal Preston Hospital for an X-ray and I noticed that everyone else was going in and out but I was still sat there. There was no display or monitors, they were only shouting names.”

“I attended A&E at Lancaster [hospital] and I was waiting for over two hours. I missed someone calling my name because I obviously could not hear them. Why rely on family? Where is my privacy?”

"At Chorley hospital a stranger told me that they had called for me even though I told the receptionist I was Deaf".



Other issues experienced as a result of not having access to an interpreter included medical professionals writing down information including medical terms which Deaf people cannot read or understand, professionals shouting in people's faces, refusing to take off medical masks so Deaf people can lip read, interpreters not being available as it is "too late in the day" or it is a weekend and interpreters not turning up to appointments.

"I once had a doctor shouting in my ear and had to push them away – it's no good talking or shouting in my ear, I'm profoundly Deaf!"

"I was told I could not have an interpreter on a weekend"

"They often use long medical words that I don't understand without an interpreter explaining this to me"

"I go to the GP and they say they'll book a translator and they never show up. They don't understand my needs."

"We can't read English, it is no good writing things down."

"Hospitals only contract with one agency. One size does not fit all."

Eight people had experience of using a video sign language interpretation service and experiencing poor connection due to Wi-Fi issues.

"I used video sign and it kept failing and coming up with an error message. They eventually sent me a letter and it said please ring us."

"I was meeting with the liver specialist and used the BSL service via a screen... they said the screen service was breaching confidentiality, so they turned it off."

"The picture on the screen kept breaking up as the Wi-Fi with the hospital was very poor".



Deaf Link workers

The importance of Deaf Link workers was highlighted, not only for supporting Deaf people in booking and accessing health appointments, but for other tasks such as helping with household bills and advocating for them. Individuals praised Deaf Link workers and their crucial role in supporting the Deaf community.

Feedback was also received regarding the need for more funding for Deaf Link workers to support more Deaf people, as at the time of this project there was only one Deaf Link worker covering the entire Lancashire area.

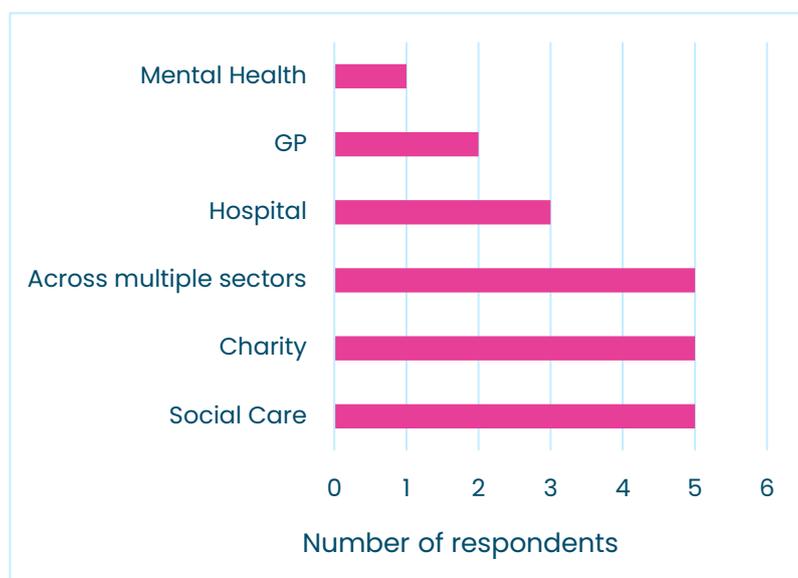
“If the Deaf Link worker was a permanent role, then that would give the service and support some stability. Its not like being Deaf is a temporary status, it’s there for life, why should the service fluctuate on funding.”

“We need more funding to have more [Deaf Link workers] to support us as individuals and the service.”

Professional survey

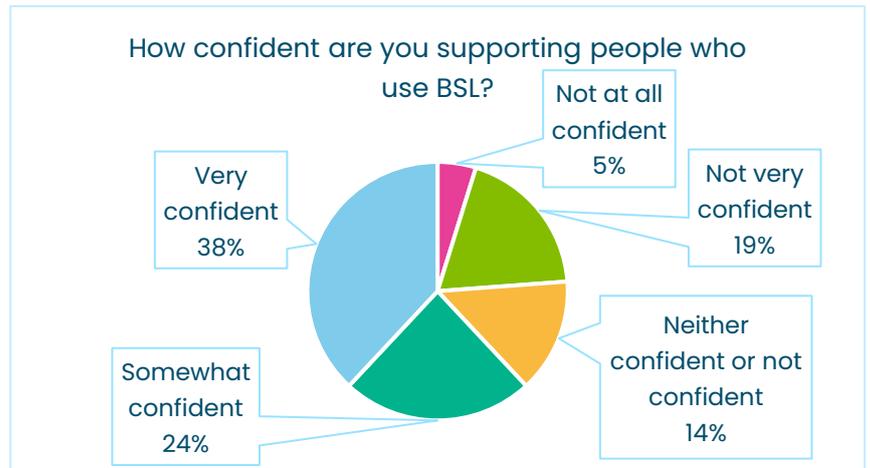
Utilising contacts from our Enter and View programme (recent services we had visited) and contacts we engaged with, throughout the project. An online survey was sent to them. We received 22 responses from people, on the back of this activity.

The below table displays which sectors these professionals worked in.

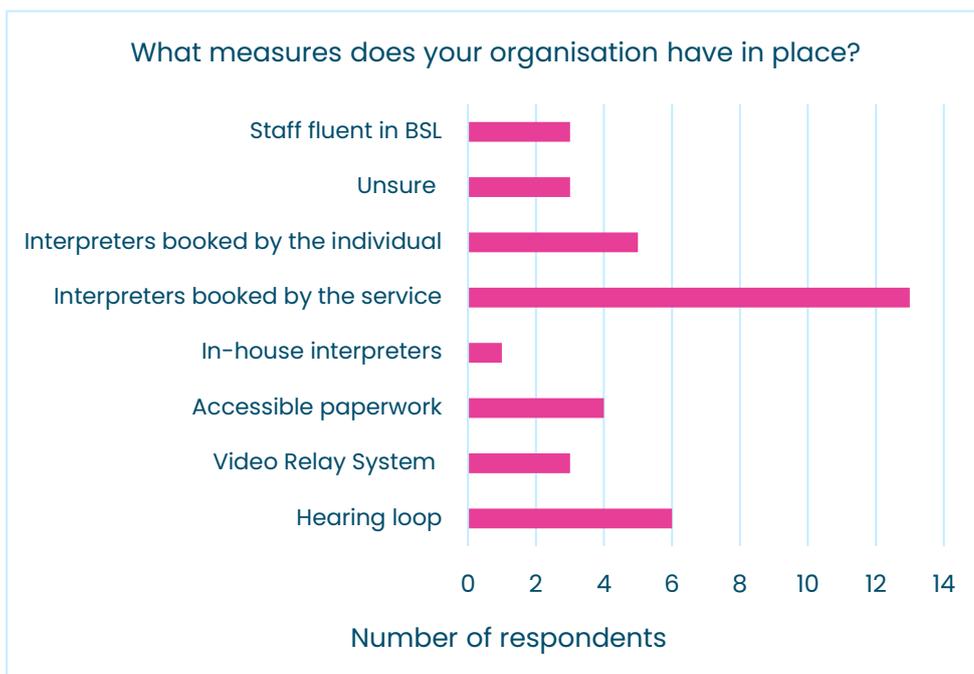


67% of professionals had received Deaf awareness training. Of those who had not received training, three worked in the third sector, two worked in a GP surgery, one worked in social care and a further respondent worked across multiple services.

86% of professionals had experience of supporting someone who is Deaf and uses BSL. Respondents were asked how confident they felt in supporting people who use BSL. The majority of respondents felt confident.



85% of respondents shared that their organisation does offer support for people who are Deaf and use BSL. The below table displays the support offered.



Other responses given included text service (2), video calls (1), lip speakers (1) and 'referral pathway on website for services using videos in BSL' (1).

Please note: We are aware that some professional interpreters completed this survey which may reflect these findings.

Respondents were asked which methods they feel works well in supporting people who use BSL. Most professionals (72%) shared that BSL interpreters are crucial in providing a good service. One professional said 'hearing loops' and a further shared using a Deaf link worker.

"Interpreters are crucial to support BSL users"

"Using an external BSL service and a Link worker to advise services how best to support the BSL user."

"The ideal situation is where staff who are fluent in BSL support Deaf people. If that is not possible then the next best is to book BSL interpreters. Video relay

services have their place but they are not as effective as face to face [interpretation], particularly if the Deaf person has additional needs."

In regard to accessible formats for written communications, 79% of respondents shared that their organisation provides BSL videos, 21% said 'text to speech', 21% said 'sign along materials' and 14% said 'speech to text'.

Respondents were asked what they think needs to be put in place to make their organisation/service more accessible for individuals who are Deaf and use BSL. The most common suggestion made by four respondents, was to make written information including information leaflets and letters more accessible for BSL users including the use of BSL videos. Three professionals shared that there needs to be more funding for supporting members of the Deaf community. Other suggestions made included being able to use VRS, all staff to receive mandatory Deaf awareness training and better access to BSL interpreters.

"It's not like being Deaf is a temporary status, it's there for life, why should the service fluctuate on funding."

Finally, professionals were asked if they face any barriers at work in supporting individuals who are Deaf. Four professionals shared their lack of confidence and a need for training on Deaf awareness. A further three shared not always having an interpreter is a barrier and medical professionals relying on 'writing things down'. A further two professionals mentioned people being used for BSL interpretation who were not professionally trained in this area "using family members and friends".

"Service users who use BSL are not consistently supported by staff who are fluent in BSL, and some workers still insist on meeting without an interpreter using pen and paper, which is not an accessible service."

"There are huge barriers facing Deaf people, predominately hearing professionals' lack of awareness of services available"

"The lack of awareness of Deaf people's rights from service providers. The assumption that 'writing it down' is a solution."

Mystery shopping

A mystery shopping activity was carried out on thirty-nine services. The breakdown of services can be seen below. An additional six care homes were contacted who shared that they were not accepting new residents so the mystery shopping activity could not be completed on these services.

Service	Mystery shop responses
Care Home	13
GP surgery	12
Optician	7
Dentist	3
Hospital	2
Day Service	2



Services were asked what initial support they can give people to help register at the service, the protocol in place to make an appointment with an interpreter and what other support is in place if people do not want to use technology to help with interpretation.

Nine services (23%) shared that they have hearing loops in their setting. In regard to providing an interpreter, nine services (23%) said that they can book an interpreter for the patient, and six (15%) said that the patient needs to book their own interpreter. Three services (8%) use VRS.

Six services (15%) shared that they were unsure what they have in place to support people and two services (5%), a care home and a day service, said that they do not provide anything. Other comments received included staff knowing basic BSL who can support (3), offering longer/double appointments (2), allowing carers/relatives into appointment to support (2), writing information down (1), texting service (1) and offering home visits (1).

Care Homes: When contacting care homes, four care homes stated that they were not accepting any new residents, so mystery shopping could not be completed for these services. Of those we spoke to, two (15%) shared that they could provide an interpreter for residents, and a further two (15%) shared that they would need the resident to arrange their own interpreter.

GP surgeries: 50% of GP surgeries contacted would provide an interpreter for people, and 17% would require the patient to book their own interpreter. 42% of GP surgeries contacted provide hearing loops. 17% provide VRS.

"It would depend on the practitioner they see, some might be able to do some sign language"

Opticians: Two (29%) opticians contacted would provide an interpreter for the patient, and 29% opticians shared that the patient would need to arrange this themselves. Two (29%) opticians shared that they would provide a longer appointment time for people who are Deaf, two services provided hearing loops and one would offer a home visit if preferred. Two opticians were unsure on what support they had in place.

Overall, the mystery shopping activity produced mixed findings within and between services. It appears that some services provide an interpreter for people who are Deaf, and others require the person to arrange their own. Only 23% of services provided hearing loops and 8% had VRS. As it is the legal responsibility of services to provide an interpreter for patients, we were surprised by these findings which reveal a lack of knowledge and understanding in some health and social care services in Lancashire, resulting in services that aren't complying with legislation.

In addition to mystery shopping, a letter was sent to eleven health services including Primary Care Networks, hospital patient experience teams and dentists. This letter asked providers what measures they had in place to ensure that people who are Deaf and use BSL can use their service. Unfortunately, none of the providers provided a response (see recommendations).

Conclusion

Our project gathered feedback from people who are Deaf and their carers/relatives about their experiences of accessing health and social care services. Feedback was also received from professionals. Analysis of findings highlighted inequalities faced by the Deaf community and these findings have helped to formulate recommendations to improve services and experiences.

In conclusion, feedback from individuals and carers/relatives revealed significant barriers faced by the Deaf community when accessing health care services. Barriers related to trying to book a medical appointment and multiple issues experienced and exasperated during an appointment due to not having a BSL interpreter.

Some NHS services are not fulfilling their legal requirements, as stated in the Equality Act 2010, including their requirement to arrange an interpreter for a patient who is Deaf, as a high proportion of people were required to book their own interpreter.

These barriers resulted in delayed appointments (leading to delayed treatment), a lack of privacy and dignity due to family and friends having to interpret for them, being treated inappropriately such as professionals shouting at individuals, and not understanding diagnoses or results due to professionals writing information down which individuals cannot understand. Some individuals had also experienced medical staff who only have Level 1 BSL training interpreting for them which is not sufficient as a fully qualified interpreter is needed. All these barriers have resulted in individuals feeling frustrated, stressed, isolated and often confused.

The important role of Deaf Link workers was highlighted as well as a need for more Deaf Link workers, to support Deaf people and help them to overcome the barriers they are facing. At the time of this report, there was only funding available for one Deaf Link worker across Lancashire. This is a single point of failure; if this worker was to be off work or leave the post, there is risk that the Deaf community would not be able to access the same level of support.

Feedback revealed that although a large proportion of professionals felt confident in supporting someone who uses BSL, there is a clear need for information to be more accessible and more funding to support people who are Deaf.

The mystery shopping activity highlighted a disparity in the procedures that are used by service providers to support Deaf people, particularly regarding whether services provide BSL interpreters or whether individuals must arrange their own.

These findings have revealed that there is a clear need for healthcare providers to improve their knowledge and understanding of their duties under the Equality Act 2010. Recommendations have been formulated as a result of these findings to aim to improve experiences for the Deaf community when accessing health services.

Recommendations

Theme	Recommendation	Responsibility	Provider Response	Timescale
Legislative Compliance	Ensure that Health and Care services are clear about their legal duties under the Equality Act 2010 and audit services to ensure compliance.	Lancashire and South Cumbria Integrated Care Board Lancashire County Council	Equality and Cohesion is a Mandatory training course for LCC employees and covers the Equality Act 2010. Additionally, for Social Care staff there is further additional training available (Equality diversity & inclusion) Equality, Diversity, and Inclusion is also covered for all new starters when attending the Social Care Academy.	In Place
	Ensure that robust systems are in place to allow rapid access to appropriately trained (level 6) BSL interpreters	Lancashire and South Cumbria Integrated Care Board Lancashire County Council	Lancashire County Council currently holds a contract with Co.Sign which provides access to appropriately trained interpreters. In most circumstances the Authority will provide at least three working days' notice for an interpreter. In some circumstance bookings will need to be made at very short notice. A response and confirmation of the ability to meet the requirement must be made within 1 working hour. If this is not feasible then we have	In Place

			the option of commissioning freelance interpreters.	
	Ensure all services, including primary care, are clear that it is their legal duty to provide BSL interpreters, and that there is rapid access to this service	Lancashire and South Cumbria Integrated Care Board Lancashire County Council	In addition to the previous responses, Lancashire County Council has detailed information within its 'Policies, Procedures and Practice' guidance about our processes when working with residents who may have Interpreting, Signing and Communication Needs.	In Place
Training, involvement & Awareness	Ensure/ continue any current mandatory BSL/ Deaf Awareness training for all members of staff, is delivered by a Deaf person from an accredited company. o ensure that all staff are aware of Deaf culture, legal rights and responsibilities, BSL as a first language and etiquette.	Lancashire and South Cumbria Integrated Care Board Lancashire County Council	It would not currently be feasible to mandate BSL/Deaf Awareness Training for all members of staff. Currently Lancashire County Council provide a hybrid course called 'Working with people who are deaf or hard of hearing.' This training incorporates 'lived experience' as well as how to apply this learning to the roles undertaken within Adult Social Care.	In Place

	Ensure that the Health and Care workforce are clear about a person's legal right to have reasonable adjustments made to support access.	Lancashire and South Cumbria Integrated Care Board Lancashire County Council	Reasonable adjustment responsibilities are covered within the Mandatory Equality and Cohesion Training.	
	Ensure there is a wide range of reasonable adjustments are available and tailored to an individual's needs.	Lancashire and South Cumbria Integrated Care Board Lancashire County Council	Reasonable adjustments are considered for all individuals when indicated.	In Place
Patient records	Ensure that patient records highlight the person is Deaf and uses BSL, and staff are trained to understand how best to support a person who is Deaf and uses BSL.	Lancashire and South Cumbria Integrated Care Board Lancashire County Council	Our recording system has the option to populate an alert in relation to any specific communication needs our residents may have. Guidance will be recirculated to our staff to remind them of this function.	Dec 2024
Environment	Carry out an accessibility review to ensure that communications and appointment making procedures within NHS services are in line with Accessibility Information Standard (AIS).	Lancashire and South Cumbria Integrated Care Board		

Community involvement	Ensure that the Deaf community are listened and responded to following this report	Lancashire and South Cumbria Integrated Care Board Lancashire County Council	Lancashire County Council will continue to support the BSL Forum and will utilise this forum to engage with the Deaf Community.	In Place
	Ensure that the Deaf community are involved and included in shaping and designing of services.	Lancashire and South Cumbria Integrated Care Board Lancashire County Council	Lancashire County Council will continue to have representation at the BSL Forum and will use this opportunity to ensure that the Deaf community are involved in shaping and designing services.	In Place
Appointment making	Ensure there is a quick and easy, standardised process in place so that Health and Care staff understand how to book interpreters	Lancashire and South Cumbria Integrated Care Board Lancashire County Council	The process for booking interpreters is outlined on our intranet page with detailed guidance including email and telephone contact information.	In Place

	Add an option for patients to request reasonable adjustments online, including booking interpreters.	Lancashire and South Cumbria Integrated Care Board		
Appointment experience	Utilise haptic feedback technologies such as a vibrating paging system to alert patients when it is their appointment in addition to visual displays and staff interaction.	Lancashire and South Cumbria Integrated Care Board		
Information	Ensure that communications about health information are available in an accessible format including BSL in line with the Accessibility Information Standard (AIS). Include QR codes to BSL videos on printed materials including leaflets and posters.	Lancashire and South Cumbria Integrated Care Board		
	Ensure that information regarding patient experience, complaints and feedback are accessible to BSL users in line with the Accessible Information Standard (AIS).	Lancashire and South Cumbria Integrated Care Board Lancashire County Council	Whilst we are working to improve accessibility for BSL users and have produced BSL letters and reports previously, we acknowledge that there are further improvements to be made in relation to how accessible our information is for BSL users. Lancashire County Council are currently reviewing the accessibility of our public website, with a view to ensuring core information is as accessible as possible. The work to update the site	10-12 months from January 2025

			is expected to take place over the next ten months. We will look to obtain input from the BSL community in 2025 to ensure we co-produce our public website to reduce accessibility issues.	
Deaf Link workers	Explore current funding allocations to determine whether the recruitment of more Deaf Link workers is feasible.	Lancashire County Council Lancashire and South Cumbria Integrated Care Board	Currently the recruitment of more Deaf Link workers is not feasible due to financial constraints. We continue to review the offer from within our Sensory Impairment Team to ensure we have the resources required to meet our Statutory Duties.	In Place
	Consider the sustainability of the service and implement a contingency plan should the one Deaf Link worker go on long-term leave or leave their post.	Lancashire County Council	Currently Public Health commission the service delivered by N-Compass who provide the framework for the Deaf Link Worker role. N-Compass would be responsible for contingency planning should the post become vacant or the employee be on long-term leave.	In Place

Response from the ICB

We regularly receive feedback around accessibility of services and interpretation and BSL interpretation. Accessibility and availability of interpretation and BSL interpretation in particular are common themes. We aim to work with local GP practices and NHS services through our place-based partnerships to look at how access is improved to further improve health equity. This is a key consideration for any future commissioning of services.



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